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SMALL ENTITY

NO

7590

05/18/2010

H. Jay Spiegel and Associates PC P.O. Box 11 Mount Vernon, VA 22121

APPLN, TYPE

nonprovisional



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Theresa R. Godfrey	(Depositor's name)
Thurson R. Brokking	(Signature)
August 9, 2010	(Date)

TOTAL FEE(S) DUE

\$1810

DATE DUE

08/18/2010

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/560,357	12/12/2005	Hiroshi Tomiyama	TAN-356	8894

PUBLICATION FEE DUE

\$300

TITLE OF INVENTION: SERUM CHOLESTEROL LOWERING AGENT OR PREVENTIVE OR THERAPEUTIC AGENT FOR ATHEROSCLEROSIS

ISSUE FEE DUE

\$1510

EXAMINER	ART UNIT	CLASS-SUBCLASS	08/11/2010 SZEWDIE2 00300012 10560357		
BLAND, LAYLA D	1623	514-025000	B1 FC*1581	AEL 0090001L 10J003J/	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 		2. For printing on the patent front page (list 594 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 H. Jay Spiege 10 op 1			
3. ASSIGNEE NAME AND RESIDENCE DATA PLEASE NOTE: Unless an assignee is identification as set forth in 37 CFR 3.11. Completely	ied below, no assignee	data will appear on the pa	atent. If an assignee is identifi	ed below, the document has been filed for	
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY	and STATE OR COUNTRY)		
Please check the appropriate assignee category or 4a. The following fee(s) are submitted: X Issue Fee X Publication Fee (No small entity discount per	categories (will not be pr	b. Payment of Fee(s): (Plea		y paid issue fee shown above)	
Advance Order - # of Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
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Authorized Signature	piegel		Date August 9, Registration No. 30,722		

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